

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042943

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6133

STATE FILE NUMBER

FILED DEC 14 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Raytown	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp		e. STREET ADDRESS 6903 Blue Ridge Ext	
3. NAME OF DECEASED (Type or print) Robert D. Speck		4. DATE OF DEATH Month Dec. Day 2 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing Contractor		11. BIRTHPLACE (City and state or country) Kansas City, Kans	
13a. FATHER'S NAME Joseph H. Speck		14. NAME OF HUSBAND OR WIFE Catherine Speck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Address Raytown, Mo. Catherine Speck, 6903 Blue Ridge Ex	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (b), stating the underlying cause last: DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous Coronary Occlusion 1959		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year 11 05 A.M.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY KC., Mo STATE Missouri
21. I attended the deceased from March 1961 to December 2 1962 and last saw her/him alive on December 19 1962 Death occurred at 11 05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE Walter C. Ingham M.D. (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-5-1962	23c. NAME OF CEMETERY OR CREMATORY Floral Hills
24. FUNERAL DIRECTOR Floral Hills Funeral Home		25. DATE RECD. BY LOCAL REG. 12-4-62	26. REGISTRAR'S SIGNATURE Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Walter C. Ingham MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Walter C. Anglin
 4320 Wormald
 2-3-11-49
 7:30-2-3-11-49 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Forrest D. Coldenew

Licensed Embalmer No. 4714

P. O. Address 1127 W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.